

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Professional Licensing Administration



Board of Pharmacy

**APPLICATION INSTRUCTIONS AND FORMS
FOR A LICENSE TO PRACTICE PHARMACY
IN THE DISTRICT OF COLUMBIA**

Your interest in becoming licensed as a pharmacist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a Pharmacist license or Pharmacist Intern registration in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Pharmacy will review your application. The Board of Pharmacy meets once a month. The Board will determine if your application meets the licensure requirements for the NAPLEX and MPJE-Jurisprudence.

After you receive Board approval to sit for the examination, you are responsible to contact the National Association of Boards of Pharmacy to register for the examination. Upon final Board approval you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, the processing of your application will be delayed. You will be notified by the HPLA's staff of any such issues. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Board of Pharmacy
717 - 14th St NW, Suite 600
Washington, DC 20005

If you have any questions, call HPLA's Customer Service toll free line at 877-543-5218 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect payment will be returned in their entirety, including payment to the applicant. Please print or type all information except signatures.

FILING DEADLINES AND EXAMINATIONS

National Examination

All applicants must have taken and received passing scores on the North American Pharmacist Licensing Examination (NAPLEX). All applicants must also have taken and received passing scores on the Multistate Pharmacy Jurisprudence Examination (MPJE) and DC jurisprudence. Passing scores on the national examinations shall be a passing score as determined by the National Association of Boards of Pharmacy, on each test that forms a part of the examinations.

Applicants shall arrange to have their scores forwarded to the Board of Pharmacy by the NABP.

Please contact the National Association of Boards of Pharmacy for information pertaining to qualifications for the national examinations, dates, location, fees and registration bulletins. They can be reached at:

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY
700 Busse Highway
Park Ridge, Illinois 60068 Telephone – (708) 698-6227
Web Site – www.nabp.net

MPJE - District of Columbia

All applicants must take and have received a passing score on pharmacy jurisprudence. The Board will accept the MPJE, if and only if you have selected the District of Columbia as your primary jurisdiction for licensure. If you have not selected the District of Columbia as your primary jurisdiction, you must take and receive a passing score on the District Examination.

Pending License Applications

Pending license applications will become invalid after 60 days, if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, s/he must submit a new application and pay the required fee once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a pharmacy license in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
3. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.
4. Re-Exam applicants are not required to submit photos.
5. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and
6. Pharmacy Supplemental Information Form.

ADDITIONAL REQUIREMENTS FOR APPLICANTS APPLYING BY EXAMINATION

All applicants by examination must submit the following in order to be considered for licensure:

1. Official transcript(s) mailed directly from each educational institution showing that the applicant has successfully completed an educational program in the practice of pharmacy and holds a Bachelor of Science or Doctorate of Pharmacy degree from a School of Pharmacy accredited by the American Council of Pharmaceutical Education (ACPE) at the time the applicant graduates; or
2. Foreign applicants must submit a Foreign Pharmacist Graduate Examination Certificate; and

3. Documentation which reflects that the applicant has successfully completed a pharmacy internship consisting of one of the following:
 - (A) One thousand (1,000) hours of pre-licensure professional practice in a program administered by a college of pharmacy accredited by ACPE; or
 - (B) One thousand five hundred (1,500) hours of independent pre-licensure professional practice under the supervision of a licensed pharmacist; or
 - (C) Two (2) rotations totaling six hundred and sixty (660) hours of pre-licensure practice administered by a college of pharmacy accredited by the ACPE and five hundred and ten (510) hours of independent pre-licensure professional practice under the supervision of a licensed pharmacist; and
4. Passing national examination score results from National Association of Boards of Pharmacy and
5. Passing national examination score results on the pharmacy jurisprudence examination MPJE (DC).

ADDITIONAL REQUIREMENTS FOR APPLICANTS APPLYING BY RECIPROCITY

1. Score transfer report provided by the National Association of Boards of Pharmacy; and
2. Passing national exam score results in the pharmacy jurisprudence examination MPJE (DC).

ADDITIONAL REQUIREMENTS FOR APPLICANTS APPLYING BY SCORE TRANSFER

1. You must have completed a pharmacy internship as outlined in the Registration of Pharmacy Interns section.
2. You must transfer your NAPLEX scores to the District of Columbia.

REGISTRATION OF PHARMACY INTERNS

A Pharmacy intern must be registered by the Board before starting an internship. This section shall apply only to pharmacy interns who are performing independent, pre-licensure professional practice in satisfaction of the internship required by §6502.1 under the direct supervision of a pharmacist in the District of Columbia.

Upon submission of the required application documents:

1. Completed signed application; and
2. Two recent passport-type photos of the applicant's face, measuring approximately 2" x 2" with the applicant's name printed on the back. Home snapshots or computer photographs are not acceptable.

Official transcript(s) mailed directly from each educational institution showing that the applicant has successfully completed an educational program in the practice of pharmacy and holds a Bachelor of Science or Doctorate of Pharmacy degree from a School of Pharmacy accredited by the American Council of Pharmaceutical Education (ACPE) at the time the applicant graduates.

The DC Board of Pharmacy will review the application. The Board of Pharmacy meets the first Thursday of each month. The Board will determine if the application meets the licensure requirements for the NAPLEX and MPJE-Jurisprudence. Upon final Board approval, the applicant will be issued a license to practice in the District of Columbia.

COMPLETING THE LICENSE APPLICATION

Section 1. Requested License Type / Fees

- a. The methods for becoming licensed as a pharmacist in the District of Columbia are outlined below. The one letter code/abbreviation for each origin is indicated in parenthesis. Check the correct description in section one of your new license application.

Examination (E)	Concurrent or prior successful completion of the National Examinations (National Association of Boards of Pharmacy).
Reciprocity (R)	Hold a license in good standing in another state or territory of the United States with standards which are comparable to DC's requirements.

- b. The abbreviation for the license/registration type for which you are applying for is provided in section 1 of the application. The following license/registration types is available under the Board of Pharmacy:

License/Registration Abbreviation	License/Registration Description
PH	Pharmacist
PHI	Pharmacist Intern

- c. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order up to five (5) duplicate licenses (for a \$26 fee each, etc.). Check the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to Promissor, Inc. and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below.

FEE MATRIX

LICENSE OR REGISTRATION TYPE	APPLICATION METHOD	APPLICATION FEE	LICENSE FEE	TOTAL DUE*
PH	Examination (E)	\$65	\$150	\$215
PH	Reciprocity (R)	\$65	\$150	\$215
PH	Score Transfer	\$65	\$150	\$215
PH	MPJE Re-Examination	\$65	N/A	\$65
PHI	Other	\$65	\$124	\$189

*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

Effective January 1, 2003, the examination fees are as follows:

NAPLEX Examination Fee	\$430.00	Payable to "NABP"
MPJE Examination Fee	\$170.00	Payable to "NABP"

Payment is made directly to NABP in the form of money order or cashier's check. Personal checks may not be submitted. Re-exam applicants must pay the above exam fee directly to NABP. In addition, a \$65.00 application fee with the DC re-exam application must be sent directly to the DC Board of Pharmacy.

DC Pharmacists licenses expire on February 28th of odd numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA, Board of Pharmacy at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Pharmacist Intern registrations are good for one (1) year from their issue date and require Board approval for renewal.

Section 2. Applicant Name / Demographic Information

Enter your legal name exactly as it should appear on the license. Pursuant to D.C. Code Section 2-3305.5 9b0 2001 (Health Occupations Act), applicants are required to provide a Social Security Number on applications for professional license. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age.

Section 3. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package **or** requested to be sent under separate cover to DOH/HPLA, Board of Pharmacy.

Place an "X" in the "NO" box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

Section 4. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Sections 5A. & B. Home Address / Business Address

Include both your home and business addresses in the sections provided. If you provide a PO Box for one of the addresses, a street address is required for the other address. You are required by regulation to report all changes of your business or residence address to DOH/HPLA, Board of Pharmacy. Should you fail to advise us in writing of your current addresses, you may not receive your renewal notice.

Section 5C. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 6A. Professional Schools Attended

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants must demonstrate educational qualifications by arranging for the educational institution from which the applicant received a degree to send an official transcript to the applicant. The applicant should then submit the transcript in the original sealed envelope with the license application to the DC Board of Pharmacy. Some universities' policies may require sending the transcript directly to the board, but it is preferred that it accompany the license application.

Section 6B. Postgraduate Experience

List all experience since graduation from medical or professional school in reverse chronological order, beginning with the most recent at the top. Internship hours should be documented in this section of the application.

Section 6C. Professional Licenses in Other States / Jurisdictions

List all jurisdictions in which you have ever been licensed.

If you are licensed in another jurisdiction, a statement of good standing must be submitted directly the DC Board of Pharmacy by the applicable state boards.

Applicants who have been licensed in another jurisdiction for two (2) years or more must provide Letter(s) of Certification (noting that the applicant is licensed and in good standing) from all jurisdictions where the applicant is currently licensed.

Section 7. Screening Questions

If you answer "yes" to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could result in criminal prosecution pursuant to DC Code 22-2514.

Section 8. Licensee Affidavit

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA's website at www.dchealth.dc.gov or call HPLA's Customer Service at 877-543-5218. The forms that make up this package are:

Regulations, Municipal Pharmacists
Pharmacy, New License Instructions
Pharmacy, New License Application
Pharmacy, Supplemental Information Form

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure requirements for all application methods. The law governing professional counseling licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing pharmacy licensure are included in *DC Municipal Regulations Title 17*, Chapter 65. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of

Pharmacy if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF PHARMACY LICENSURE REQUIREMENTS

License/Registration Type	Application Method	Signed Application for License	Two 2" x 2" Photos	Official Transcript ¹	NABP Score Transfer*	NAPLEX Exam Results*	MPJE (DC) or District Examination*	Statement of Good Standing ² NABP licensure transfer form	Check or Money Order ³
PH	Examination	X	X	X	O	X	X	X	\$215
PH	Re-Examination	X	O	O	O	O	X	O	\$65
PH	Reciprocity	X	X	O	X	O	X	X	\$215
PH	Score Transfer	X	X	O	X	O	O	O	\$215
PHI	Other	X	X	X	O	O	O	O	\$189

X = Required

O = Not required

¹ An applicant must have completed an educational program in the practice of pharmacy and hold a Bachelor of Science or Doctorate of Pharmacy degree from a school of pharmacy accredited by the American Council of Pharmaceutical Education (ACPE) at the time the applicant graduates. Transcript may be sent directly to the DC Board of Pharmacy, from the school, but it is preferred that it accompany the application in a sealed envelope.

² If you are licensed in another jurisdiction, a statement of good standing must be submitted directly to the DC Board of Pharmacy by the applicable state boards.

³ Check or money order MUST be made payable to Promissor, Inc. Note: this total includes the \$26 DC exam fee.

* This document will be sent directly to the District of Columbia Board of Pharmacy at 717-14th St NW, Suite 600, Washington, DC 20005.